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## **BUSINESS ENTITY QUESTIONNAIRE**

### **COMPLETE AND RETURN WITHIN 15 DAYS**

To comply with the Act of December 31, 1965 P.L. 1257 No. 511 and known as the “Local Tax Enabling Act”, including amendments and the provisions mandated by Act 166 of December 9, 2002 and the Tax Ordinances and Resolutions adopted by this Bureau’s member taxing authorities, the following information is to be provided and **ALL QUESTIONS ARE TO BE FULLY AND ACCURATELY ANSWERED** by each employer or business entity operating within the taxing authorities which have appointed this bureau to collect taxes on their behalf.

All information received will be confidential.

This questionnaire must be signed by the proprietor, partner or corporate officer. Incomplete or unsigned forms will be returned. If subsequent reports, tax forms or checks will be signed by a person other than the proprietor, a partner or corporate officer named herein, attach power of attorney.

All businesses entities or organizations should notify the York Adams Tax Bureau promptly of any change in status so that all records may be adjusted accordingly. Please advise us within thirty days, should the business be liquidated or sold. If sold give the name and address of new owners.

Pages one, two and three of this employer questionnaire are to be completed by each business entity. The enclosed employer questionnaire is applicable to a business entity that operates within any of the member taxing authorities who are members of this Bureau and have appointed this Bureau as their collector of Local Compensation and Net Profit; or the Emergency Municipal Services Tax; or the Mercantile and Business Privilege Tax.

### **SPECIAL NOTICE**

Each business entity located or operating within the geographic boundary of the City of York, of York County, must also complete page four of this employer questionnaire.

**BUSINESS ENTITY QUESTIONNAIRE**

1. Business Name \_\_\_\_\_  
Trade Name \_\_\_\_\_  
Mailing Address (Number And Street) \_\_\_\_\_

2. Business officer, business owner, or employee within the above named business that is primarily or solely responsible for filing quarterly tax return forms, annual reconciliation forms, the employer W-2 forms (withholding statements) and for payment (remittance) of the withheld local income tax, and /or Local Services Tax, or the Mercantile/Business Privilege Tax to this Bureau on behalf of the above named business entity:

Name \_\_\_\_\_ Title \_\_\_\_\_  
Business Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax # \_\_\_\_\_  
Home Address (Number And Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_

3. Month and year your business started operation \_\_\_\_\_

4. Quarter and year local income tax withholding started \_\_\_\_\_

5. Federal employer identification number \_\_\_\_\_ - \_\_\_\_\_

6. Type Of Entity: Association\_\_\_\_ Proprietorship\_\_\_\_ Partnership\_\_\_\_ Professional Corporation\_\_\_\_  
Limited Liability Partnership\_\_\_\_ Limited Liability Company\_\_\_\_ S Corporation\_\_\_\_  
Foundation \_\_\_\_ Other (Specify)\_\_\_\_\_

Pennsylvania Corporation \_\_\_\_\_ Date Of Incorporation \_\_\_\_\_

Foreign Corporation \_\_\_\_\_ State Of Incorporation \_\_\_\_\_

Date Of Pennsylvania Certificate Of Authority \_\_\_\_\_

7. Address where business is physically located: (PO Box address is not acceptable) Attach separate listing if more than one location.

Number And Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If located in our area of tax collection authority, provide the name of the borough, city or township and school district in which the business or businesses are located:

Borough, City Or Township \_\_\_\_\_ School District \_\_\_\_\_

8. Principal type of business in which you are engaged. (Please provide a description with as much detail as possible.)

\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS ENTITY QUESTIONNAIRE**

9. Name of the firm which will prepare your quarterly and annual tax returns, if an outside source is utilized.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

10. Was this business acquired from a predecessor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, predecessor's name \_\_\_\_\_

Account number utilized for reporting to this bureau \_\_\_\_\_

Date which you acquired your predecessor's business \_\_\_\_\_

11. Number Of Employees \_\_\_\_\_

12. To be answered by corporate employers: Provide the full name, social security number and home address of the officer(s) having primary responsibility, or overseeing the discharge of registering with the York Adams Tax Bureau; deducting or withholding local income tax from employees' compensation as defined in the act; paying withheld tax to the Bureau; filing returns, reconciliations or withholding statements as required by ordinance, resolution or statute.

Name \_\_\_\_\_ S.S. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_

13. To be answered by private corporate employers: Social security number, name, address and number of shares held by shareholders.

Social Security # Name And Address	Number Of Shares
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_____	
_____	
_____	
_____	

(Attach a separate sheet if additional space is required)

**I hereby certify that all information and statements are true and correct.**

**Date** \_\_\_\_\_

**Authorized Officer's name (printed)** \_\_\_\_\_

**Authorized Officer's Signature** \_\_\_\_\_

**Your business E-Mail address (optional)** \_\_\_\_\_